

Hospital STEMI Work Group
Criteria for STEMI Center Designation
January 6, 2009 Discussion Document
Group accepted changes 1/6/09

CRITERIA		LEVEL I	LEVEL II	LEVEL III
I. STEMI Center Volumes:				
1.	Total number of elective Percutaneous Coronary Interventions (PCI) /year/ center	400	200	
2.	75+ PCI procedures/year/physician move to staff req./recommendations	*	*	
3.	Primary PCI (PPCI)/Year/center	> 49	> 36	
4.	Annual Hospital STEMI patient volume	85-90	60-65	
II. STEMI Center Hospital Capabilities:				
1) STEMI Program		X	X	X
a)	STEMI Medical Director-board certified, job description, org chart showing relation to other departments, oversee staffing, assure training CEUs for staff and CMEs/year for physicians,	X	X	X
b)	STEMI Program Manager (RN or qualified individual)	X	X	X
c)	STEMI Team			
i.	Physician experienced in diagnosing and treating cardiovascular disease and STEMI (available 24/7)	X	X	X
ii.	Another health care professional credentialed in STEMI as determined by hospital (available 24/7)	X	X	X
d)	Representation from hospital administration, EMS, ED, ICU, pharmacy, cardiac cath lab, CVD-MI unit, rehabilitation, discharge planning, laboratory, nutrition services	X	X	
2) Availability of hospital departments/services to support STEMI care				
a)	Emergency Department	X	X	X
b)	Intensive Care Unit	X	X	
c)	Inpatient areas	X	X	X
d)	General standards for staffing and competencies of these areas	X	X	X
3) Time Frame for availability of services (IH = in house; IA = 20 minutes; PA = 30 minutes)				
a)	24/7 Emergency Department with physician access			

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b)	24/7 CATH Lab, angiography and interventional capabilities available	PA	PA	
c)	24/7 Coronary Artery Bypass Graft (CABG)	PA		
d)	Core STEMI Team Members	PA	PA	PA
e)	24/7 Clinical Laboratory to provide necessary testing and results	x	x	x
f)	One call activation for cath lab	x	x	
g)	One call access to transfer STEMI			x
h)	Access to cardiac rehab	x	x	x
i)	24/7 Surgical Backup (regs will define specific equip needed)	x		
III. Hospital protocol for pre-hospital and STEMI Team Communication				
1.	EKG, system for communication between hospital and EMS staff 24/7, link to EM system that provides hospital diversion status	x	x	x
2.	Mechanism in place for activation of Cardiac Cath lab team at time of EMS STEMI identification	x	x	x
IV. Hospital protocol for rapid transfer from non-PCI facility (when appropriate)				
1.	Accept all STEMI transfers	x	x	
2.	Formal Written agreement with Level I/Level II STEMI Center to transfer and accept complex patients	x	x	x
3.	A rapid transfer process in place with higher level of STEMI care		x	x
4.	A hospital diversion protocol must be maintained in accordance with state regulations... (in current trauma regulations. This will need to be validated with legal teams and risk managers.)	x	x	x
V. Hospital protocol for care and coordination				
1.	Agree to accept all STEMI patients appropriate for the level of care provided at the hospital, regardless of race, sex, creed or ability to pay	x	x	x
2.	Staff credentialed in STEMI (see credential section.)	x	x	x
3.	Protocol for cardiac rehabilitation—Phase I is in-house	x	x	

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VI. Hospital capacity to support STEMI patient discharge transition back to community and/or rehabilitation facility if needed.				
1. Arrangement/ discharge plan for the provision of cardiac rehabilitation post discharge—part of discharge documentation. Protocol for discharge transition back to care and oversight by Primary Care Physician (PCP) or rehabilitation facility if needed (coordinate with existing procedures)		x	x	
<ul style="list-style-type: none"> ○ Secondary prevention ○ Discharge planning 				
2. Arrangement/ discharge plan for the provision of repatriation to community hospital if indicated				
3. Timely feedback (recommend within 72 hours) for sending and receiving facilities/EMS providers. Call within 24 hours followed with written notice within 72 hours (this is reference to EMS providers)		x	x	
VII. Personnel Education/Credentials:				
1. RN credentialing for STEMI care		x	x	x
2. Medical Director CEU hours		x	x	x
3. Emergency Department RN CEUs		x	x	x
4. Minimum CEU requirements for ED		x	x	x
5. Minimum CEU for Cath Lab staff		x	x	
6. STEMI Program Manager CEUs		X	X	X
7. Interventional Cardiologist (75+ PCI/phys/year recom)				
VIII. Community Education:				
1. Public education program for STEMI signs/symptoms, emergency transport, STEMI treatment and center service availability		x	x	
2. Ability to collect and report data to STEMI registry & DHSS		x	x	x
3. Cardiology outreach program for 24 hour phone consults		x	x	

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IX. Research:	Pick preferred language:			
	a. The STEMI medical director shall participate in the STEMI center's research and publication projects (this wording parallels language in stroke and trauma center designation regulations) and/or <i>Institution will conduct or participate in research study that is under auspices of IRB oversight either at that facility or cooperative facility</i> <i>This language from 12/2 discussion</i> and	X		
	b. The hospital and its staff shall support a research program in STEMI as evidenced by any of the following <ul style="list-style-type: none"> • Publications in a peer review journal • Reports of findings presented at regional and/or national conferences • Receipt of grants for study of STEMI care • Production of evidenced based reviews. <i>(This language from 12/2 discussion and in stroke and trauma regulations)</i>	X		
	c. The hospital shall agree to cooperate and participate with the DHSS in conducting epidemiological studies and individual case studies for the purpose of developing stroke prevention programs. <i>(This language from 12/2 discussion and in stroke and trauma regulations)</i>	X	X	X
X.	Participate in Quarterly regional STEMI conferences	x	x	x
XI. Performance Metrics:				
	1. PCI within 60 +/- 30 minutes of arrival (75-80% of time) (need data set to evaluate appropriate x% of time; may need to consider timeframe for this criteria; time is based on first medical contact time. Challenge in view of current data based on D2B time. Must evolve metric to reflect time from symptoms to time to definitive care.) Device or balloon within 90 +/- 30 min from first medical contact facility arrival or field EKG STEMI diagnosis (75% of time)	X	X	
	2. Patient presentation—do different metrics based on whether patient is walk-in, transfer, versus EMS transport, time for EMS transfers from one hospital to higher level when needed. (Starting point for next meeting discussion)			
	3. Lytics within 30 minutes of first medical contact or arrival (75-80% of time)			x
	4. Formal STEMI/AMI CQI process	x	x	x

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5.	Immediate (define) feedback to the transfer hospital and EMS	x	x	
6.	Competencies for the practitioner, nurse and physician	x	x	x
7.	State Registry reporting	x	x	x
8.	ACC guidelines/registry	x	x	x
9.	Quality vs. what for EMS to decide which place to go			
10.	Risk adjusted mortality			
XII.	Financing			
	Further discussion needed on reimbursement issues and assurances for adequate financing of agencies and facilities within STEMI-TCD system			